

How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City

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ABSTRACT

Doula care meets each of the triple aims of the Affordable Care Act: improving health outcomes for all, improving the experience of care, and lowering costs by reducing non-beneficial and unwanted medical interventions. Cost is the greatest barrier to use of doula support. Reimbursement for doula services by private insurance, Medicaid, and Medicaid managed care organizations would significantly increase access to doulas. Widespread availability of doula care could significantly reduce cesarean rates, and increased access to community-based doula programs could reduce entrenched health disparities.

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For more information about
Choices in Childbirth, see
<http://choicesinchildbirth.org>.

BACKGROUND BY ELAN MCALLISTER

My passion for consumer advocacy was first sparked 10 years ago while working as a doula in New York City. I was moved to action by what I witnessed in the birthing room, both the beautiful, empowering births that I felt every woman had a right to experience and the heartbreaking, traumatic ones that I recognized were the reality for far too many.

I started Choices in Childbirth (CiC) in 2004 because I felt compelled to find a way to address on a wider scale what I was witnessing as a practicing doula. From the beginning, CiC has reflected my doula background by providing information to women, without judgment, to help them be

empowered to make the best decisions for themselves and their families. At the same time, we have advocated for expanded access to a full range of safe, healthy, evidence-based care. In the environment of New York City, where a highly medicalized model of maternity care prevails, we have had our work cut out for us and it has not been easy.

The Affordable Care Act has created an unprecedented opportunity for us to work proactively to challenge the status quo. The Act's triple aim—improving health outcomes for all members of the community, increasing satisfaction with the care experience, and reducing unnecessary costs—aligns with optimal childbirth practices. Now is the time

for all of us to take advantage of this moment and promote practices and models of care that we know lead to better outcomes for moms and babies.

Our recently released report, “Doula Care in New York City: Advancing the Goals of the Affordable Care Act,” does this by using the framework of the triple aim to explore why and how the system needs to change to better meet women’s needs. The report brings together the evidence behind doula care, a review of the landscape of maternity care in New York City, and the texture and power of women’s own voices describing the impact doulas had on their birth experiences.

Although we plan to write similar reports on access to midwifery care, birth centers, and physiologic birth practices in New York City hospitals, we chose to focus on doula care first because we felt that it was an appropriate way to celebrate our 10th year and to say thank you to the profession that inspired the creation of CiC. Becoming a doula changed my life forever. I hope that our work and this report will help to change the lives of many more.

Following is the executive summary of “Doula Care in New York City: Advancing the Goals of the Affordable Care Act.” The full report, as well as consumer materials and infographics, can be downloaded from the CiC website (<http://www.choicesin-childbirth.org>). Although our focus is on New York City, it is our deepest desire that this report have an impact well beyond the borders of our city.

Executive Summary

[O]ne of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula. (Caughey, Cahill, Guise, & Rouse, 2014, p. 189)

Widespread access to doula care has the potential to significantly improve health outcomes and the experience of childbirth for women and infants in New York City. In 2012, there were 123,231 births in New York City (Zimmerman et al., 2013), more than in 41 of the 50 U.S. states (Martin et al., 2013). The city’s high rates of maternal deaths and complications, intractable racial disparities, and skyrocketing cost of childbirth care signal the immediate need for system-wide improvements in maternity care practices.

Doula care has been identified in the medical literature as an underused, evidence-based strategy to improve health outcomes and reduce spending on unnecessary medical procedures. Currently, only

about 5% of births in New York City are attended by doulas (Strauss, Giessler, & McAllister, 2014).

The Affordable Care Act Opens the Door to Reenvisioning Maternity Care Options

The Affordable Care Act has invited unprecedented innovation in health care, and its framework can be used to evaluate the potential benefits of particular practices or policies in maternity care (Patient Protection and Affordable Care Act, 2010). The Affordable Care Act’s “triple aim” emphasizes the need to change the way that care is delivered to (a) improve health outcomes for all, (b) improve the patient’s experience of care, and (c) reduce the cost of care. The Affordable Care Act recognizes that for these goals to be achieved, special attention must be given to eliminating health disparities.

Research demonstrates that doula care has the potential to address each of these aims, and as such, it should be recognized as an essential strategy to enhance the way that maternity care is provided. Doulas are trained to provide nonmedical, emotional, physical, and informational support to a woman before, during, and immediately following childbirth. In addition to sharing information about labor and comfort measures, doulas also facilitate communication between women and maternity care providers and hospital staff by helping women to articulate their questions, preferences, and values.

There is a certain formality that has become a part of nursing care—charting, reading fetal monitor strips—because the regulations mandate it. It interferes with the basic bonding that should be the core part of these special moments of a person’s life. A doula can help the nurses and doctors with this essential component of childbirth. (H. Minkoff, MD, chairman, Department of Obstetrics and Gynecology, Maimonides Medical Center, personal communication, August 14, 2014)

Supportive care practices have the potential to improve the health of mothers and babies, reduce health disparities, and increase women’s satisfaction with their experience, all while decreasing expenditures for unnecessary interventions. Proven, low-cost solutions have been identified, but changing practices will require challenging the status quo.

A doula can interpret in [the hospital] environment. It can be difficult for women to have opinions and hold onto their voice in the middle of that intensity. (labor and delivery nurse at a New York City Hospital; Strauss et al., 2014)

Most women giving birth in the United States are in good health with low-risk pregnancies, and research shows that promoting and supporting normal, healthy physiologic birth is the optimal model of care for most women and babies.

THE NEED FOR CHANGE

The United States now ranks 60th in maternal mortality globally (Kassebaum et al., 2014), even though we spend more than any other country on maternity care (International Federation of Health Plans, 2012). Despite being the leading city for medical education, New York City has a maternal mortality ratio that is among the highest in the nation (Johnson, Mulready-Ward, Olasewere, & Wigglesworth, 2010). For every death in the United States, there are an estimated 100 cases of severe, “near-miss” complications (Callaghan, Creanga, & Kuklina, 2012). Although maternal deaths are rare, they signify a maternity care system that is failing to meet the needs of women and families.

Most women giving birth in the United States are in good health with low-risk pregnancies, and research shows that promoting and supporting normal, healthy physiologic birth is the optimal model of care for most women and babies (Sakala & Corry, 2008). Yet in practice, a highly medicalized approach to care has become the norm, resulting in an overuse of some medical procedures, even in circumstances where there is no evidence to demonstrate their benefits (Goer & Romano, 2012). For instance, one in three births is now by cesarean (Weiss, Elixhauser, & Andrews, 2014), more than a 50% increase from 1995 (Martin et al., 2013), despite evidence suggesting this increase is contributing to complications without improving outcomes. Women have reported feeling unsatisfied with their childbirth experiences and unheard by maternity care providers and hospital staff.

I went to one of those big clinics where everyone with Medicaid goes . . . I feel like the waiting time is just so long at times. And then when I do get in, I always feel so rushed. “What are your concerns?” Bam, bam, bam, bam, and before you know it, she’s already off to her other patients. It just felt like in and out, in and out. All the stuff I feel like I’m supposed to get from a doctor, I asked other people for. (Mothers’ Focus Group; Strauss et al., 2014)

THE EVIDENCE BEHIND DOULA SUPPORT

The benefits of doula care are strongly supported in the medical literature.

- In 2013, a Cochrane Database systematic review of 23 individual studies concluded that “all women should have continuous support during labour,” and that trained doulas are the most effective at providing continuous labor support (Hodnett, Gates, Hofmeyr, & Sakala, 2013).
- A 2008 study in the *American Journal of Obstetrics and Gynecology* concluded that doula support was among the most effective of the 41 birth practices reviewed—one of only three to receive an “A” grade (Berghella, Baxter, & Chauhan, 2008).
- A joint statement of the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine released in February 2014 found that continuous labor support is among “the most effective tools to improve labor and delivery outcomes” and is likely underused (Caughey et al., 2014).

The emotional support and knowledge of the birth process made a huge difference for me. (CiC Mothers’ Survey; Strauss et al., 2014)

BENEFITS OF DOULA CARE

Doula care has been found to improve birth outcomes and reduce health disparities (Gruber, Cupito, & Dobson, 2013; Vonderheid, Kishi, Norr, & Klima, 2011). Substantial evidence demonstrates that doula support increases the likelihood of safer, healthier, and more satisfying birth experiences. Benefits include the following (Hodnett et al., 2013):

- Cesarean rates reduced by an average of 28%
- Shorter labors
- Fewer forceps and vacuum births
- Less need for anesthesia or analgesia such as epidurals
- Higher Apgar scores for babies
- More positive feelings about the birth
- Improved patient satisfaction

Reducing unnecessary medical procedures can prevent complications. Cesareans have been associated with an increased risk of serious short- and long-term complications and hospital readmission (Childbirth Connection, 2012b; Liu et al., 2007; Sakala & Corry, 2008). Nationally, between 1998 and 2009, severe and life-threatening maternal complications rose by 75% during birth and by 114% for

postpartum hospitalizations (Callaghan et al., 2012). For many of these complications, the increases have been associated with rising cesarean rates.

The breastfeeding felt as hard as the labor. I'm crying. He's crying. We're both crying . . . Because of the care and support of the doula, I just got to see past the day, and then, it got better. I don't know if I would have been able to do it without support. (CiC Mothers' Survey; Strauss et al., 2014)

Care provided by trained, experienced doulas who offer visits in the postpartum period can also increase the likelihood and longevity of breastfeeding (Health Connect One, 2014; Langer, Campero, Garcia, & Reynoso, 1998; Mottl-Santiago et al., 2008) and help address postpartum depression (Trotter, Wolman, Hofmeyr, Nikodem, & Turton, 1992; Wolman, Chalmers, Hofmeyr, & Nikodem, 1993). Breastfeeding reduces the risk of asthma, obesity, diabetes, and ear infections in babies (Stuebe, 2009) and the risk of heart disease, obesity, diabetes, and breast cancer in women (Bartick et al., 2013; Stuebe, 2009). Increasing breastfeeding is critical in New York City, where breastfeeding lags behind target rates, particularly in low-income neighborhoods (Zimmerman et al., 2013).

[Doulas] are the angels that navigate for you and baby!!! A huge tool for empowerment, knowledge and advocacy. Regardless of unforeseen complications or curveballs one may experience, hands-down having my doula present for my birth was paramount. (CiC Mothers' Survey; Strauss et al., 2014)

Doulas improve patient satisfaction and women's experience of care by strengthening their engagement in care decisions (Breedlove, 2005; Gentry, Nolte, Gonzalez, Pearson, & Ivey, 2010; Gruber et al., 2013). By offering resources to help women educate themselves in advance and by assisting women in establishing and maintaining positive communications with their medical care providers, doulas enhance women's capacity to make informed decisions about their own health care. Having a sense of control and engagement in health-care decision making is a key factor contributing to patient satisfaction (Cook & Loomis, 2012; Hardin & Buckner, 2004; Hauck, Fenwick, Downie, & Butt, 2007).

The help and emotional support is vital to having a joyful experience. (CiC Mothers' Survey; Strauss et al., 2014)

Eliminating Health Disparities

I care exclusively for women with Medicaid, so doula services generally aren't accessible to my clients. One of my clients had a doula—a friend of hers did it for free—and it was one of the most amazing births I've ever seen. I had three laboring patients that day, so I was going back and forth. I didn't have the luxury of staying with her for 8 hours. The doula was able to stay with her, encourage her, to offer different options. She was out of bed, she took many different positions, she squatted in the second stage (the pushing stage). That patient definitely had the experience she wanted. (certified nurse-midwife with over 20 years of experience in New York City hospitals; Strauss et al., 2014)

The Affordable Care Act's goal of improving outcomes for the entire population cannot be met without a concerted effort to eliminate health disparities based on race, ethnicity, and income. New York City's maternal mortality disparities are double those of the nation as a whole, with African American women facing 7 times the risk of maternal death as non-Hispanic White women (69.3 vs. 10.4 deaths per 100,000 live births, respectively; New York City Department of Health and Mental Hygiene, 2010).

Race has an independent effect on health outcomes, beyond those explained by socioeconomic differences. African American women at every income level—low-, middle, and high-income—all experienced 3 times the risk of maternal mortality as similarly situated White women (Singh, 2010). Infant mortality rates for college-educated African American women have been documented to be higher than those of White women who did not graduate from high school (Strain, 2008).

The work we do at the community-based program is different than the work I do in my private practice. In the community-based program, the clients often have to deal with a whole host of other stressors. We do extensive work prenatally, at least three visits. That can help us identify other needs clients might have; we can then work towards referring to services that we don't provide. (G. Ammann, Doula, personal communication, March 21, 2014)

Providing access to doula services for women most at risk of poor health outcomes can reduce

disparities by improving the health and care of those with the greatest need. Community-based doula programs offer no-cost, culturally appropriate doula support to women in at-risk and underserved communities. Several community-based programs are operating in New York City, serving approximately 450 women each year (Strauss et al., 2014). Such programs have achieved positive results in New York City and in communities across the United States, improving care practices, elevating the voices of women in disenfranchised communities, and taking a comprehensive approach to maternal health by linking women with various support services.

I think doulas are a lifesaver. They're so knowledgeable, and they are patient, which is important. (CiC Mothers' Survey; Strauss et al., 2014)

Reducing Spending on Unnecessary and Unwanted Medical Procedures

The cost of childbirth care is higher in the United States than in any other country (International Federation of Health Plans, 2012). At \$111 billion per year, childbirth-related hospital charges exceed charges for any other type of hospital care (Childbirth Connection, 2012a). Studies conducted in Oregon, Minnesota, and Wisconsin have found that expanding access to doula care has the potential to reduce costs (Chapple, Gilliland, Li, Shier, & Wright, 2013; Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013; Tillman, Gilmer, & Foster, 2012).

Eliminating spending on non-beneficial procedures, avoidable complications, and preventable chronic conditions would all contribute to covering the cost of doula care. Doula care would be expected to reduce spending by:

- *Lowering cesarean rates:* Cesareans cost 50% more than vaginal births when paid for by Medicaid and by private insurance, adding \$6,898 and \$8,199, respectively, to the total cost per birth in New York (Agency for Healthcare Research and Quality, 2013). If all births in New York City were attended by doulas and if doula care reduced cesareans by an average of 28%, an estimated 11,231 cesareans could be avoided each year (6,235 Medicaid and 4,996 private insurance; New York City Department of Health and Mental Hygiene, 2014). Spending on cesareans could be reduced by \$43 million for Medicaid (\$590 per Medicaid birth) and \$41 million for private insurance

(\$824 per privately insured birth) each year (Strauss et al., 2014).

- *Reducing repeat cesareans:* Because most births following a cesarean are repeat cesareans, avoiding a cesarean reduces costs in future pregnancies.
- *Reducing the use of epidurals:* The cost of an epidural includes fees for the medication, the anesthesiologist, and the increased likelihood of additional interventions, including the use of medication to speed labor, episiotomy, bladder catheterization, and evaluation and treatment of subsequent fevers (Romano & Lothian, 2010).
- *Increasing rates of breastfeeding:* Breastfeeding improves the health of women and babies, and research suggests that \$31 billion could be saved nationwide if breastfeeding targets were reached (Bartick & Reinhold, 2010; Bartick et al., 2013).
- *Reducing preventable complications and chronic conditions:* Cesareans, epidurals, and not breastfeeding increase the risk of complications and chronic conditions. By reducing cesareans and epidurals and increasing breastfeeding, doulas can reduce spending on these long-term adverse effects and sequelae.

KEY FINDINGS

The results of surveys, focus groups, and interviews conducted by CiC, along with existing research, have identified areas of improvement that would increase access to and improve the effectiveness of doula care.

1. Cost is the most significant barrier to obtaining doula services.
 - Among women who faced difficulties obtaining doula care, 88% cited cost as a barrier.
 - The average fee for a doula in New York City in private practice is \$1,200, and it ranges from \$150 to \$2,800 and upward per birth, depending on experience.
 - Four of every 10 doulas in private practice report sometimes turning clients away because they cannot afford the fee.
2. The doula workforce is small and less diverse than the population of New York City.
 - CiC estimates that approximately 275–400 doulas are currently working or volunteering on a regular basis in New York City.
 - The doula workforce is less diverse than the population of New York City overall, with women of color underrepresented.
 - Very few doulas offer services in languages other than English, Spanish, or French.

3. Access to doula care in underserved communities is extremely limited.
 - Limited funding for community-based doula programs means that only about 450 women in underserved communities obtain doula care at no cost each year.
 - A lack of resources for comprehensive services in underserved communities sometimes undermines doulas' ability to provide effective support to clients.
4. Fostering collaborative relationships between doulas, maternity care providers, and nurses would improve the impact of doula care.
 - Doulas and clinicians reported a need and desire to improve communication and relationships between doulas, nurses, physicians, and midwives to increase trust and facilitate better working relationships among the groups.
5. Establishing positive hospital policies would improve the impact of doula care.
 - Two of 3 doulas reported that being separated from their client sometimes hampers their ability to do their job.
 - Nine of 10 doulas indicated that the lack of non-medical comfort measures at hospitals sometimes hampered their ability to provide care.
 - Doulas and women reported the need for a greater availability of nonmedical pain-management techniques, including the freedom to move and change positions and access to showers or tubs.
6. Challenges of doula work
 - Doulas identified the stress of an on-call lifestyle and difficulty generating sufficient income as significant challenges to their work.
 - Four of every 10 doulas surveyed identified the need for more peer support, mentorship, and opportunities for professional development.

CONCLUSION

Having a doula means having an experienced guide to the most potentially surprising moment of life. (CiC Mothers' Survey; Strauss et al., 2014)

Despite being well-documented in the medical literature, the benefits of doula care are available to only a small percentage of women in New York City. Doulas remain an underused resource, notwithstanding the

dire need to improve maternal and infant health outcomes and health disparities in the city. The Affordable Care Act has created a unique opportunity to realign the priorities and practices of the maternity care system to better meet the needs of women and families. Doula care is an essential component of that endeavor.

Childbirth facilities, care providers, and government maternal-child health agencies should allocate sufficient resources to expand access to doula care to improve health outcomes and patient satisfaction while addressing disparities and reducing spending on unnecessary or unwanted medical procedures. New York City's women and families deserve no less.

KEY RECOMMENDATIONS

1. Private insurance, Medicaid, and Medicaid managed care organizations should reimburse doula care as a cost-effective, evidence-based service.
2. The New York State Department of Health should seek approval from the Centers for Medicare and Medicaid Services to reimburse for doula support as a preventive service provided by non-licensed practitioners.
3. Public funding at the city, state, and federal levels should be dedicated to expand existing community-based doula programs and develop new programs to increase access to doula care for women in at-risk communities.
4. Every effort should be made to train and hire doulas who are trusted members of the communities most at risk for poor health outcomes, with attention to racial, ethnic, geographic, socioeconomic, cultural, and linguistic factors.
5. All doula training should include education in cultural competency, trauma-based care, and support services that are available for low-income pregnant and postpartum women.
6. Childbirth facilities and providers (including New York City Health and Hospitals Corporation) should seek to increase awareness about the evidence-based benefits of doula care through childbirth education programs, facility tours and "meet the doula" events, as well as by distributing information about doula care.
7. Hospitals and birth centers should foster collaborative relationships among providers, nurses, and doulas by hosting grand rounds and continuing education programs where nurses, physicians,

and doulas can work together to cultivate effective cooperation, communication, and trust.

8. Hospitals and birth centers should develop and implement strategies to increase access to doula care during birth, including by establishing facility-based doula programs to make doulas available to women upon admission to the hospital during labor, or before when possible.
9. Childbirth facilities should develop and implement policies to enhance and support the evidence-based doula care practices that improve maternal and infant outcomes, including by:
 - Allowing doulas to remain with clients at all times;
 - Ensuring that women have the option to get out of bed, walk, and change positions as they wish;
 - Ensuring that continuous electronic fetal monitoring is used only in circumstances where it is supported by the medical evidence and not as a practice that is required or routine for all women regardless of risk factors;
 - Maintaining equipment such as birth balls and squatting bars that help doulas provide effective comfort techniques;
 - Providing access to tubs and showers during labor whenever possible; and
 - Allowing women to establish a comfortable environment in their room whenever possible (i.e., low lights, music of their choice, etc.).
10. Programs that fund or employ doulas should respect and support the value of doulas' work by:
 - Paying doulas a reasonable fee or salary that reflects the amount of time spent on call and with clients in labor and that supports doula care as a sustainable livelihood;
 - Establishing a system for mutual "backup" arrangements to ease the demands of an on-call schedule; and
 - Providing doulas with adequate supervision, mentorship, peer support, and professional development opportunities.

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